FORM

U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL              |
|---------------------------|
| OMB Number: 3235-0076     |
| Expires: January 31, 1988 |

| SEC USE ONLY |           |        |  |  |  |  |
|--------------|-----------|--------|--|--|--|--|
| Prefix       |           | Serial |  |  |  |  |
| DA           | TE RECEIV | 'ED    |  |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)   |
|--|
| JSM Capital Holding Corp Preferred Stock, Series C   |
| Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule 506 □ Section 4(6) □ ULOE  |
| Type of Filing:  New Filing  Amendment   |
| A. BASIC IDENTIFICATION DATA   |
| 1. Enter the information requested about the issuer  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  JSM Capital Holding Corp.  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 595 Madison Ave., New York, NY 10022 212-508-4700     |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)     |
| Brief Description of Business  |
| Broker-dealer firm AUG 05 2004 1004 1004 1004 1004 1004 1004 1004  |
| Type of Business Organization  **Excorporation   limited partnership, already formed   other (please specify):    business trust   limited partnership, to be formed |
|  |
| Actual or Estimated Date of Incorporation or Organization:    Month   Year   |
| CONTROL AND  |

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.50 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed wir the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below o if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manual signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offer ing, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Pa A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those sta that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administra in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exen tion, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with st law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless suc exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of  $\xi$  securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers

| • Each general and n              | nanaging partner                | of partnership issuers.   |                              |                |                                    |
|-----------------------------------|---------------------------------|---------------------------|------------------------------|----------------|------------------------------------|
| Check Box(es) that Apply:         | ☐ Promoter                      | ☐ Beneficial Owner        | ☑ Executive Officer          | EX Director    | ☐ General and/or<br>Managing Partr |
| Full Name (Last name firs<br>Matt | t, if individual)<br>thews Johr | ı S.                      |                              |                |                                    |
| Business or Residence Add 595     | •                               |                           | Zip Code)<br>ork, N.Y. 10022 | ·<br>2         |                                    |
| Check Box(es) that Apply:         |                                 |                           |                              |                | ☐ General and/or<br>Managing Partn |
| Full Name (Last name first Baca   | , if individual)<br>ardi, Facı  | indo                      |                              |                |                                    |
| Business or Residence Addr        | ress (Number a                  | and Street, City, State,  | Zip Code)<br>ork, N.Y. 1002: | 2              |                                    |
| Check Box(es) that Apply:         | ☐ Promoter                      | ☐ Beneficial Owner        | Executive Officer            | ☑ Director     | ☐ General and/or<br>Managing Partn |
| Full Name (Last name first        | , if individual)<br>cafola, An  | drea L.                   |                              | ٠.             |                                    |
| Business or Residence Addr        | ess (Number a                   | nd Street, City, State,   | Zip Code)<br>ork, N.Y. 10022 | 2              |                                    |
| Check Box(es) that Apply:         |                                 |                           |                              |                | General and/or     Managing Partne |
| Full Name (Last name first,       | if individual)<br>t, Harold     |                           |                              |                |                                    |
| Business or Residence Addre       | ess (Number a                   | nd Street, City, State, 2 | Zip Code)<br>rk, N.Y. 10022  |                |                                    |
| Check Box(es) that Apply:         |                                 |                           | ☐ Executive Officer          | ☐ Director     | ☐ General and/or<br>Managing Partn |
| Full Name (Last name first,       | if individual)                  |                           |                              |                |                                    |
| usiness or Residence Addre        | ess (Number a                   | nd Street, City, State, Z | Cip Code)                    | <del></del>    |                                    |
| heck Box(es) that Apply:          | ☐ Promoter                      | ☐ Beneficial Owner        | ☐ Executive Officer          | ☐ Director     | ☐ General and/or<br>Managing Partr |
| ull Name (Last name first,        | if individual)                  |                           |                              |                |                                    |
| usiness or Residence Addre        | ss (Number ar                   | d Street, City, State, Z  | ip Code)                     |                |                                    |
| heck Box(es) that Apply:          | ☐ Promoter                      | ☐ Beneficial Owner        | ☐ Executive Officer          | ☐ Director     | ☐ General and/OI<br>Managing Part  |
| ull Name (Last name first,        | if individual)                  |                           |                              |                |                                    |
| usiness or Residence Addre        | ss (Number an                   | d Street, City, State, Z  | ip Code)                     |                |                                    |
| (1                                | Use blank sheet,                | or copy and use addition  | onal copies of this sheet,   | as necessary.) |                                    |

|                |                             |                        |   | В.                 | INFORM                     | ATION AI                 | SOUT OF                      | FERING                    | ,            |              |              |                                       |
|----------------|-----------------------------|------------------------|---|--------------------|----------------------------|--------------------------|------------------------------|---------------------------|--------------|--------------|--------------|---------------------------------------|
| 1. Has         | s the issuer                | sold, or               | does the is:  | suer inten         | d to sell, to              | o non-accr               | edited inve                  | estors in th              | nis offering | g?           |              | Yes 1                                 |
|                |                             |                        | Aı  | nswer <b>al</b> sc | in Appen                   | dix, Colun               | nn 2, if fil                 | ing under                 | ULOE.        |              |              |                                       |
| 2. Wh          | at is the m                 | inimum ir              | nvestment t   | hat will b         | e accepted                 | from any                 | individual                   | ?                         |              |              |              | \$1,00                                |
|                |                             |                        | t joint owr   |                    |                            |                          |                              |                           | •            |              |              | Yes 1                                 |
|                |                             |                        | quested for   | _                  |                            |                          |                              |                           |              |              |              |                                       |
| to b<br>list   | e listed is a<br>the name o | an associatof the brok | tion for solited person<br>ker or deale<br>forth the in | or agent o         | of a broker<br>e than five | or dealer:<br>(5) person | registered s<br>s to be list | with the Si<br>ed are ass | EC and/or    | with a sta   | te or state  | es,                                   |
| Full Nam       | e (Last na                  | me first, i            | f individua   | 1)                 |                            |                          |                              |                           |              |              |              |                                       |
|                |                             |                        | None  | <b>e</b>           |                            |                          |                              |                           |              |              |              |                                       |
| Business       | or Residen                  | ce Addres              | s (Number   | and Stree          | et, City, St               | ate, Zip C               | ode)                         |                           |              | ·            |              |                                       |
|                |                             |                        |   |                    |                            |                          |                              |                           |              |              |              |                                       |
| Name of        | Associated                  | Broker o               | r Dealer  |                    |                            |                          |                              |                           |              | <del></del>  |              |                                       |
|                |                             |                        |   |                    |                            |                          |                              |                           |              | •            |              |                                       |
| States in      | Which Per                   | son Listed             | Has Solic   | ited or In         | tends to S                 | olicit Purc              | hasers                       | <del></del>               | <del></del>  | <del></del>  |              | <del>`</del>                          |
| (Check         | "All State                  | es" or che             | ck individu   | al States)         |                            |                          |                              |                           |              |              |              | ☐ Ali Sta                             |
| [AL]           | [AK]                        | [AZ]                   | [AR]  | [CA]               | [CO]                       | [CT]                     | [DE]                         | [DC]                      | [FL]         | [GA]         | [ HI ]       | [ID]                                  |
| [IL]           | [IN]                        | [ IA ]                 | [KS]  | [KY]               | [LA]                       | [ME]                     | [MD]                         | [MA]                      | [MI]         | [MN]         | [MS]         | [MO]                                  |
| [MT]           | [NE]                        | [NV]                   | [NH]  | [ NJ ]<br>{TX ]    | [NM]<br>[UT]               | [ YY ]<br>[ TV ]         | [NC]<br>[VA]                 | [ND]<br>[WA]              | [OH]<br>[WV] | [OK]<br>[WI] | [OR]<br>[WY] | [PA]<br>[PR]                          |
| [RI]           | [SC]                        | [SD]                   | TN ] f individua  |                    | (01)                       | [ 1 1 ]                  | [12]                         | (1172)                    |              | [ ,,,,       | [17.2]       |                                       |
| run 14am       | c (Last nat                 | iic mst, m             | marriada  | • 9                |                            |                          |                              |                           |              | •            |              |                                       |
| Designation    | na Davidana                 | an Address             | (Number   | and Stree          | t City St                  | ata Zin C                | nde) :                       | <del></del>               |              | <del></del>  |              |                                       |
| Business       | of Kestuein                 | te Address             | . (IABIIIDEI  | and once           | i, City, bi                | ate, zip e               | oucy                         | •                         |              |              |              |                                       |
|                | Associated                  | Desires                | Deales  |                    |                            | · ·                      |                              |                           | <del></del>  |              |              |                                       |
| Name of        | Associateu                  | Broker of              | Dealei  |                    |                            |                          |                              |                           |              |              |              |                                       |
| States in '    | Which Pers                  | son Listed             | Has Solic   | ited or Int        | tends to So                | licit Purcl              | nasers                       |                           |              |              |              | · · · · · · · · · · · · · · · · · · · |
|                |                             |                        | k individu  |                    |                            |                          |                              |                           |              |              |              | □ All Sta                             |
| [AL]           | [AK]                        | [AZ]                   | [AR]  | [CA]               | [CO]                       | [CT]                     | [DE]                         | ·[DC]                     | [FL]         | [GA]         | [ HI ]       | [ ID ]                                |
| [IL]           | [ IN ]                      | [ IA ]                 | [KS]  |                    | '[LA]                      | [ME]                     | [MD]                         | [MA]                      | [MI]         | [MN]         | [MS]         | [MO]                                  |
| [MT]<br>[RI]   | [NE]                        | [NV]<br>[SD]           | [NH]<br>[TN]  | [ NJ ]<br>[ TX ]   | [NM]<br>[UT]               | [NY]<br>[VT]             | [NC]<br>[VA]                 | [ND]<br>[WA]              | [OH]<br>[WV] | [OK]<br>[WI] | [OR]<br>[WY] | [PA].<br>[PR]                         |
|                |                             |                        | individual  |                    |                            |                          | [,,,,]                       |                           |              |              |              |                                       |
| run Name       | (Last Han                   | ne mst, n              | Maividan  | ,                  |                            | •                        |                              |                           |              | •            |              |                                       |
|                | <del></del>                 |                        | (Number   |                    | Cian San                   | to 7:n Co                |                              |                           |              |              |              | · · · · · · · · · · · · · · · · · · · |
| Business o     | r Residenc                  | e Address              | (Number   | and Street         | i, City, Sta               | ite, Zip Ct              | juej                         |                           |              | •            |              |                                       |
|                |                             |                        |   |                    |                            |                          |                              |                           |              |              |              |                                       |
| Name of A      | Associated                  | Broker or              | Dealer  |                    |                            |                          |                              |                           |              |              |              |                                       |
|                |                             |                        |   |                    |                            |                          |                              |                           |              | ···          |              |                                       |
| States in V    | Vhich Pers                  | on Listed              | Has Solici  | ted or Int         | ends to So                 | licit Purch              | asers                        |                           |              |              |              |                                       |
| (Check         | "All States                 |                        | k individua   |                    |                            |                          |                              |                           |              |              |              | □ All St:                             |
| [AL]           | [AK]                        | [AZ]                   | [AR]  | [CA]               | [CO]                       | [CT]                     | [DE]                         |                           | [FL]         | [GA]         | [HI]         | [ID]                                  |
| { IL }<br>[MT] | [ IN ]<br>[NE]              | [ IA ]<br>[NY]         | [KS]<br>[NH]  | {KY}<br>[NJ}       | [LA]<br>[NM]               | [ME]<br>[NY]             | [MD]<br>[NC]                 | [MA]<br>[ND]              | [MI]<br>[OH] | [MN]<br>[OK] | [MS]<br>[OR] | [MO]<br>[PA]                          |
| [RI]           | [SC]                        | [SD]                   | [TN]  | [TX]               | [UT]                       | [VT]                     | [VA]                         | [WA]                      | [WV]         | [WI]         | WY)          | [PR]                                  |

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |   |     |                                     |
|----|---|---|-----|-------------------------------------|
|    | Type of Security  | Aggregate<br>Offering Pri               |     | Amount Alread<br>Sold               |
|    | Debt  | \$                                      |     | \$                                  |
|    | Equity  | <u>\$ 1,500,</u>                        | 000 | \$600,000                           |
|    | ☐ Common ☑ Preferred Series C   |   |     |                                     |
|    | Convertible Securities (including warrants)   | \$                                      |     | \$                                  |
|    | Partnership Interests   | \$                                      |     | \$                                  |
|    | Other (Specify)   | \$                                      |     | \$                                  |
|    | Total   | \$1,500,                                | 000 | \$ 600,000                          |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |   |     |                                     |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            | Number<br>Investors                     |     | Aggregate Dollar Amoun of Purchases |
|    | Accredited Investors  | 3                                       |     | \$ 600,000                          |
|    | Non-accredited Investors  | 0                                       |     | s <u> </u>                          |
|    | Total (for filings under Rule 504 only)   |   |     | \$                                  |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |   |     |                                     |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  | Type of                                 |     | Dollar Amou                         |
|    | Type of offering  | Security                                |     | Sold                                |
|    | Rule 505  | *                                       |     | \$                                  |
|    | Regulation A  | <del> </del>                            |     | \$                                  |
|    | Rule 504  |   |     | \$                                  |
|    | Total   | <del></del>                             |     | \$                                  |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |   |     | ,                                   |
|    | Transfer Agent's Fees   |   |     | \$                                  |
|    | Printing and Engraving Costs  |   | Ø   | \$_5,000                            |
| •  | Legal Fees  |   | K   | \$_10,000                           |
|    | Accounting Fees   |   |     | \$                                  |
|    | Engineering Fees  |   |     | \$                                  |
|    | Sales Commissions (specify finders' fees separately)  |   |     | \$                                  |
|    | Other Expenses (identify)Reimbursable expenses  |   | Ð   | \$ 3,000                            |
|    | Total   | • | Ø   | \$ 18,00C                           |
|    |   |   |     |                                     |

|     | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND  | USE            | OF PROC   | EEDS        |                 |             |
|-----|---|----------------|---|-------------|-----------------|-------------|
|     | b. Enter the difference between the aggregate offering price given in response to Part C-tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference "adjusted gross proceeds to the issuer."   | is the         |   |             | \$ <u>1,48</u>  | 2,00        |
| 5.  | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furni estimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b a | sh an<br>equal |   |             | · .             |             |
|     |   |                | Payments<br>Officers<br>Directors,<br>Affiliate | ,<br>&      | Paymer<br>Oth   |             |
|     | Salaries and fees   | □ \$           |   |             | ] <b>\$</b>     |             |
|     | Purchase of real estate   | □ \$.          |   | [           | ] <b>\$</b>     |             |
|     | Purchase, rental or leasing and installation of machinery and equipment   | □ \$.          |   |             | S               |             |
|     | Construction or leasing of plant buildings and facilities   | □ \$.          |   | [           | <b>\$</b>       |             |
|     | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  | □.¢            |   | г           | ٦ <b>९</b>      |             |
|     | Repayment of indebtedness   |                |   |             |                 |             |
|     | Working capital   |                |   |             |                 |             |
|     | Other (specify):  |                |   |             | •               |             |
|     |   | L 3.           |   | L           |                 |             |
|     |   | □ \$.          |   | [           | J \$            | <del></del> |
|     | Column Totals   | □ \$.          |   |             | \$ <b>1,4</b> 8 | -           |
|     | Total Payments Listed (column totals added)   |                | <b>忆</b>  | 1,4         | 182,000         |             |
|     | D, FEDERAL SIGNATURE  |                |   |             |                 |             |
| 110 | e issuer has duly caused this notice to be signed by the undersigned duly authorized person lowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities are st of its staff, the information furnished by the issuer to any non-accredited investor purs  | id Exc         | change Con                                      | nmissio     | n, upon wri     | tten re-    |
|     | rer (Print or Type) Signature SM Capital Holding Corp.  |                | ]   | Date<br>Ju: | ly 28,          | 2004        |
| ar  | me of Signer (Print or Type)  Title of Signer (Print or Type)   |                |   |             |                 | 7           |
|     | John S. Matthews CEO  |                |   |             |                 |             |
| _   |   |                |   |             |                 |             |